

	<p align="center"><b>Regional Advisory Committee (RAC) Meeting Minutes</b>  <b>March 16, 2009</b>  <b>1:00 p.m. - 3:00 p.m.</b>  <b>NEBO Christian Ministries</b></p>	
<b>Agenda Item</b>	<b>Discussion</b>	<b>Decisions /Follow-up</b>
<b>Welcome</b> <ul style="list-style-type: none"> <li>• Introductions</li> </ul>	<ul style="list-style-type: none"> <li>• Claudia Gray welcomed everyone and introductions occurred.</li> </ul>	N/A
<b>Meeting Framework</b> <ul style="list-style-type: none"> <li>• Overview of RAC</li> <li>• Meeting Purpose</li> </ul>	<ul style="list-style-type: none"> <li>• Carolyn Massey gave an overview of the RAC and explained the purpose of the meeting.</li> </ul>	N/A
<b>RAC Policy Update</b> <ul style="list-style-type: none"> <li>• Heather Hauck, Director, &amp; William Honablew, Jr., Chief, OPPI, AIDS Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Heather Hauck and William Honablew Jr. presented information on policy updates including: (handouts provided) <ul style="list-style-type: none"> <li>• State and Federal Funding</li> <li>• Ryan White Reauthorization</li> <li>• Federal Policy</li> <li>• Health Care Reform</li> <li>• Impact Issues</li> </ul> </li> </ul>	N/A
<b>HIV Reporting Transition</b> <ul style="list-style-type: none"> <li>• Colin Flynn, Chief AIDS Administration</li> </ul>	<ul style="list-style-type: none"> <li>• Colin Flynn presented information on HIV Reporting Transition. (handouts provided)</li> </ul> <p>Ryan White Treatment Modernization Act of 2006</p> <ul style="list-style-type: none"> <li>• Ryan White funds dependent on name-based HIV reporting</li> <li>• Non-name-based HIV reporting states given three-year transition period, if: <ul style="list-style-type: none"> <li>– Transition plan by 10/1/06</li> <li>– Laws/regulations in place by 4/1/08</li> </ul> </li> <li>• Name-based data to be used in 2010 funding allocations using data reported through 12/31/08</li> </ul> <p>Maryland HIV/AIDS Reporting Act of 2007</p> <ul style="list-style-type: none"> <li>• House Bill 1270 – Senate Bill 987</li> <li>• Needed to comply with new federal mandates in Ryan White Treatment Modernization Act of 2006</li> </ul>	N/A

	<ul style="list-style-type: none"> <li>• Governor signed on 4/24/2007</li> <li>• Emergency legislation – went into effect immediately</li> <li>• Physician reporting by name of HIV and AIDS cases</li> <li>• Physician reporting by name of HIV exposed infants</li> <li>• Facility reporting by name of HIV and AIDS cases</li> <li>• Laboratory reporting by name of HIV+ and all CD4 and VL test results</li> </ul> <p>Transition Plan</p> <ul style="list-style-type: none"> <li>• Change over systems to report all new cases using names, immediately</li> <li>• Contact major HIV providers to make available lists of prevalent HIV cases</li> <li>• Re-report previously reported code-based cases as name-based cases</li> <li>• Identify sources of missing cases and investigate</li> </ul> <p>Colin reviewed the following charts and graphs</p> <ul style="list-style-type: none"> <li>• Maryland HIV/AIDS Prevalence</li> <li>• Progress towards HIV Reporting Goal</li> <li>• Additional AIDS Cases</li> <li>• HIV/AIDS Prevalence by Gender</li> <li>• HIV/AIDS Prevalence by Race/Ethnicity</li> <li>• HIV/AIDS Prevalence by Current Age</li> <li>• HIV/AIDS Prevalence by Region, Risk and Before and After by County</li> <li>• HIV/AIDS Prevalence Before and After, Suburban Region</li> <li>• Ratio of HIV to AIDS Cases by County</li> <li>• Ratio of HIV to AIDS Cases by County, Central Region</li> </ul> <p>Summary</p> <ul style="list-style-type: none"> <li>• Successfully implemented new law</li> <li>• Surpassed HIV reporting target</li> <li>• Epidemiological “picture” appears substantially unchanged</li> <li>• Discovered 900+ unreported AIDS cases</li> <li>• Improved procedures</li> <li>• Established new provider relationships</li> </ul>	
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<p><b>Updating the SCSN &amp; Comprehensive Plan</b></p> <ul style="list-style-type: none"> <li>Monique Hitch, Chief, Center for HIV Care Services, AIDS Administration</li> </ul>	<ul style="list-style-type: none"> <li>Monique Hitch presented a brief overview of highlights of the Statewide Coordinated Statement of Need (SCSN) and Comprehensive Plan (handouts provided).</li> <li>The SCSN is a mechanism for addressing key HIV/AIDS care issues and enhancing coordination across Ryan White programs and Parts and serves as a framework for programmatic action that will strengthen Maryland's HIV care service delivery system over a three-year planning cycle.</li> <li>The Ryan White Act requires Part B grantees to draft and implement statewide comprehensive plans, including a description of HIV-related services in the state, available resources, epidemiological data, service needs, goals and strategies.</li> <li>The guidelines state further that the plan should address disparities in HIV care, access and services among affected subpopulations and historically underserved communities, the needs of those who know their HIV status and are not in care and the needs of those who are currently in the care system.</li> </ul>	
<p><b>Local Prevention Presentation</b></p> <ul style="list-style-type: none"> <li>Donald E. Brown, Jr., Prevention Program Manager, STAR</li> </ul>	<ul style="list-style-type: none"> <li>Donald Brown explained the purpose and history of STAR (Sisters Together and Reaching, Inc) (handouts provided).</li> <li>STAR's Mission is "to provide spiritual support, direct services and prevention education to the HIV/AIDS infected, affected and at risk communities in a holistic woman and man centered environment."</li> <li>Mr. Brown presented the prevention goals of STAR which include reducing barriers to early diagnosis of HIV infection, increasing access to quality medical care and treatment, and providing ongoing prevention services for persons living with HIV.</li> <li>The strategies implemented to reach the goals are to make voluntary testing a routine part of prevention services. Also, to prevent new infections by working with PLWHA and their partners.</li> <li>Donald also reviewed the objectives and their target focus groups. He informed meeting participants of the prevention programs in use today such as SISTA which is a program developed for African American women. Another program is Healthy Relationships (HR). HR is a 5-session small group intervention for people living with HIV/AIDS.</li> <li>Some of the successes of these groups as explained by Mr. Brown have been implementation of partner counseling and referral services (PCRS), development of new partnerships and collaborations throughout Baltimore City and the local EMA, as well as the success of the "Why Women Cry" conference, a program to empower women to</li> </ul>	

	<p>continue the transformation of the total wellness through self discovery and healthy well being.</p> <ul style="list-style-type: none"> <li>• STAR exchanges information such as a referral system to share resources to enhance the knowledge for all and provide mutual benefits to achieve common goals related to HIV prevention services.</li> </ul>	
<b>Community Dialogue</b>	<ul style="list-style-type: none"> <li>• Claudia Gray opened the floor up to the attendees of the meeting to interact with each other and share information.</li> <li>• Q: In Howard County, the health department has made a decision to transfer case management to HIV/AIDS clients and primary care services to other entities. Was the AIDS Administration aware of that change? A: A little yes and a little no because the funding is Baltimore EMA Part A funding which is not AIDS Administration funding. It is the AIDS Administration's understanding that the Part A funds will now go to another entity/CBO which will provide these services in Howard County. While this was a specific Part A funding issue, overall as funding for programs is cut across the state, we may see a similar trend in local health departments making hard decisions about their ability to provide direct services to PLWH.</li> <li>• Q: In the Baltimore EMA Part A priority setting process that happened in the surrounding counties of the EMA, the funding for nutrition and other meals programs were reduced, why? A: The process was because of HRSA's requirements for expenditures for core services (75%) which meant that cuts had to be made to supportive services (allowed 25%). The question should be addressed to the Baltimore EMA Planning Council for a full answer and justification.</li> </ul>	
<b>Wrap Up</b> <ul style="list-style-type: none"> <li>• Announcements</li> </ul>	<ul style="list-style-type: none"> <li>• Claudia Gray reminded attendees to fill out evaluations.</li> <li>• Carolyn Massey reviewed the 2009 RAC meeting schedule.</li> <li>• “Why Women Cry” conference date and registration forms were announced.</li> <li>• 39 attended today’s meeting.</li> </ul>	Evaluation results will be shared in the future.

Respectfully Submitted,

Chelsea Strength